

Is Gardasil a Godsend?

Bob McCoskrie – National Director Family First NZ

(Published in the Christchurch Press 20 Jan 2009)

The previous government's commitment to spend \$160m over four years on the Gardasil vaccine for cervical cancer may have been more as a result of aggressive marketing by the drug company but without adequate research to warrant the huge taxpayer investment.

Two recent articles the *New England Journal of Medicine* suggest that the vaccines against cervical cancer are being widely used without sufficient evidence as to their cost benefit, and their effectiveness in tackling the disease.

"Despite great expectations and promising results of clinical trials, we still lack sufficient evidence of an effective vaccine against cervical cancer. With so many essential questions still unanswered, there is good reason to be cautious," wrote Dr. Charlotte J. Haug, editor of *The Journal of the Norwegian Medical Association*.

According to a report in the *New York Times*, Dr. Haug points out the vaccines have been studied for a relatively short period — both were licensed in 2006 and have been studied in clinical trials for at most six and a half years. Researchers have not yet demonstrated how long the immunity will last, or whether eliminating some strains of cancer-causing virus will decrease the body's natural immunity to other strains. And because cervical cancer develops only after years of chronic infection with HPV, Dr. Haug said there was not yet absolute proof that protection against these two strains of the virus would ultimately reduce rates of cervical cancer — although in theory it should do so.

And a study by Jane J Kim and Dr Sue Goldie of Harvard concluded that it might make more economic sense to rely on Pap smear screening alone which has effectively reduced cervical cancer death rates to very low levels.

By spending \$160m on this vaccine, there is less money available for other health issues including drugs like herceptin and heart disease medication.

It seems that the previous government was a victim of aggressive marketing worldwide by the vaccine makers with many questions regarding its effectiveness still unanswered – including its duration of protection, potential side-effects, and its cost effectiveness. Regular pap smears are still necessary and have been proved to be most effective in the fight against cervical cancer.

The recent revelations that the free meningococcal vaccinations given to children and which were marketed as the answer to that horrific disease actually provide only short term protection, resulting in a false sense of security for parents, also applies to the Gardasil vaccine.

The drug Gardasil appears to also have a limited shelf life with tests showing that the drug may only last four

years, that long term results aren't known, and that testing on young girls has been extremely limited.

This means that parents may have their young teenager vaccinated, believing that they are then protected, yet it may be completely ineffective by the time she becomes sexually active.

The Food and Drug Administration in the US said "The duration of immunity following a complete schedule of immunization with Gardasil has not been established."

Sigrid Fry-Revere, Director of Bioethics Studies at the Cato Institute, recently wrote in the *New York Times* "Gardasil is not all it's cracked up to be. A recent study published in the *Journal of the American Medical Association* found that among women aged 14 to 24, the rate of all 37 types of sexually transmitted HPV combined is 33.8 percent. More importantly, the rates for HPV 16 and 18 - the two types responsible for 70 percent of all cervical cancers - are astronomically lower: only 1.5 percent and 0.8 percent, respectively... It's worth noting that the American Cancer Society sees its fight against cervical cancer as a success story even without Gardasil. When the disease is detected early through Pap testing, the survival rate is more than 90 percent."

As with the meningococcal vaccine, parents deserve the full facts on all vaccines. It seems that in our laudable drive to protect our kids, we are not being given the full picture and are being lulled into a false sense of security.

Throwing money at a problem doesn't not necessarily make the problem go away.

Education is an important factor. In the case of our teenagers and the anti-cervical cancer immunisation, education about delaying sexual activity would be a highly economical and effective way of protecting them first.

Parents are ultimately being bullied into a medical response to a moral issue – similar to the myth of safe sex which has been misrepresented to teenagers for far too long. We are accepting by default that kids are going to be sexually active at a time that is not suitable or safe for them.

It is ironic that we want to legislate to stop boy-racing, eating meat pies at school, and smoking – yet when it comes to at-risk sexual behaviour, we pump false information about supposed "safe-sex" programmes and then want to vaccinate children to protect them from the harms of that behaviour.

While we are naturally all supportive of any attempts to fight cancer, parental knowledge or consent is essential when it involves children – especially when the infection is not a communicable disease but a consequence of behaviour – and while the jury is out on its long-term effectiveness.

(852 words)